THYROID IMAGING AND FNA EXAM REQUEST

FRC

You must bring this prescription with you to your exam

CALL PATIENT SCHEDULING 703.698.4488
Or request an appointment online at fairfaxradiology.com

To avoid any delay, all information in this box must be completed.

Patient Name _____ **DOB** ____ / ____ / ____

Physician Name (Clearly Legible) ***FIRST NAME*** _____ ***LAST NAME*** _____

Physician Signature (Required) _____ **Date** _____

Clinical History/Symptoms _____

Fine Needle Aspiration

☐ **Thyroid FNA with Pathologist Consult**
☐ Thyroid FNA No Pathologist Consult
☐ **Lymph Node FNA with Pathologist Consult** **Location:** _____
☐ Lymph Node FNA No Pathologist Consult
☐ **Other** (Indicate location): _____

On-site pathologist* will provide preliminary results to the patient during consult.

Ultrasound Imaging

☐ **Thyroid/Parathyroid Ultrasound**
☐ PRN FNA **WITH** Pathologist Consult ☐ PRN FNA **No** Pathologist Consult

☐ **Other** (e.g., cervical LN/mass, salivary gland) _____
☐ PRN FNA **WITH** Pathologist Consult ☐ PRN FNA **No** Pathologist Consult

Lymph Node Mapping

☐ **Cervical Lymph Node Mapping**
☐ PRN FNA **WITH** Pathologist Consult ☐ PRN FNA **No** Pathologist Consult

Special Procedures

☐ **Methylene Blue Injection** (Pre Operative)
☐ **Ethanol Ablation** (check with radiologist prior to scheduling to determine if the patient is a good candidate for procedure)

* On-site pathology services provided by Old Dominion Pathology

Woodburn Diagnostic Center – 3299 Woodburn Road, Ste.110, Annandale, VA 22003 Tel: 703.849.9050 Fax: 703.698.4491

- **Appointment Date:** _____
- **Appointment Time:** _____

For more information visit us at fairfaxradiology.com

FRC

Referral Pad Reorder Sheet

A friendly reminder to reorder referral pads

Office Name _____ Date _____

Ordered By _____

Address _____ Suite _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Referral Pad Requests – Please indicate number of referral pads needed

☐	General FRC	#_____	☐	PET/CT	#_____	☐	Pain Management	#_____
☐	Breast Imaging	#_____	☐	Fairfax Vascular Center	#_____	☐	Pelvic Floor	#_____
☐	MRI	#_____	☐	Musculoskeletal US	#_____	☐	Thyroid FNA	#_____
☐	Nuclear Medicine	#_____				☐	Brain SPECT (DaTscan)	#_____

Physician Resources

☐ Accessing Patient Reports and Images Online Guide

☐ FRC Sites and Services Pad (50 Sheets)

☐ Please have a representative contact me regarding _____

To order supplies:

- **Fax this form to 703.698.4450 or Call 703.698.4481**
- **Go to www.fairfaxradiology.com, under "Quick Find Physicians" select "Referral Pad Request Form"**